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**** CONTINUING DATA *******

This application is a 371 of PCT/EP04/52150 09/13/2004

**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and /KRISTINE K RAPILLO/ Acknowledged _____	<input type="checkbox"/> Met after Allowance Initials _____	BELGIUM	2	10	2
Examiner's Signature _____					

ADDRESS

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TITLE

Planning of simultaneous examinations for a single patient within one time slot

FILING FEE RECEIVED 1390	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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